

**DEPARTMENT OF THE TREASURY • DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE HEALTH BENEFITS PROGRAM AND
NEW JERSEY SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM**

**STATE, LOCAL GOVERNMENT, AND EDUCATION RETIREES
RETIREE DENTAL RATES EFFECTIVE 1/1/2015 TO 12/31/2015**

DESCRIPTION OF COVERAGE	TOTAL MONTHLY BILLING RATE
DENTAL EXPENSE PLAN (#398)	
Single	\$36.75
Member & Spouse/Partner	\$72.50
Family	\$94.47
Parent & Child	\$54.64
CIGNA (DPO #305)	
Single	\$22.98
Member & Spouse/Partner	\$43.86
Family	\$78.72
Parent & Child	\$69.85
HEALTHPLEX (DPO #307)	
Single	\$8.78
Member & Spouse/Partner	\$15.27
Family	\$24.95
Parent & Child	\$18.49
HORIZON DENTAL CHOICE (DPO #317)	
Single	\$20.76
Member & Spouse/Partner	\$36.08
Family	\$59.01
Parent & Child	\$43.71
AETNA DMO (DPO #319)	
Single	\$20.98
Member & Spouse/Partner	\$36.50
Family	\$59.71
Parent & Child	\$44.25
METLIFE (DPO #320)	
Single	\$15.76
Member & Spouse/Partner	\$26.70
Family	\$43.10
Parent & Child	\$32.16